

Provider Insider

Alabama Medicaid Bulletin

March 2002

The checkwrite schedule is as follows:

03/08/02	03/22/02	04/05/02	04/19/02	05/03/02	05/17/02	06/07/02
06/21/02	07/05/02	07/19/02	08/02/02	08/16/02	09/06/02	09/13/02

As always, the release of direct deposits and checks depends on the availability of funds.

Filing Claims for Designated Bilateral, Bilateral, And Unilateral Surgical Codes

The following explanations are given for filing claims regarding Designated Bilateral Surgical Procedures, Bilateral, and Unilateral for your convenience and reference. The Alabama Medicaid Agency recognizes the 2002 CPT definitions and guidelines concerning designated bilateral, bilateral and unilateral surgical procedures.

Designated Bilateral Procedures

Procedures that are designated as bilateral in the CPT 2002 do not require a modifier "50". The reimbursement amounts are based on the procedure being performed as a bilateral procedure. Bilateral procedures should be billed as one unit on the HCFA 1500 claim form with a single line item. If multiple units of bilateral procedures



are billed, the claim will be denied payment.

Bilateral Procedures

Procedure codes that are not designated bilateral but could be performed bilaterally should be billed using modifier 50 when performed bilaterally. The procedure should be billed as one unit as a single line item with modifier on the line item. Reimbursement for procedures performed bilaterally will be 150% of the Alabama Medicaid rate.

Unilateral Procedures

When Unilateral Surgical Procedures are performed, the procedure code should be identified with one unit on the HCFA 1500 claim form on a single line item. No modifier should be used.

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Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

Medicaid Removes Prior Authorization on Certain Dental Procedures

Effective immediately, the following dental procedures will be taken off prior authorization. These procedures may be performed without submitting any request to Medicaid if a root canal treatment is in Medicaid claims history. This change will not be applied retroactively and services provided prior to January 23, 2002, must have received approval prior to provision.

D2950 – Core Buildup, including any pins
D2952 – Cast post and core in addition to crown
D2953 – Each additional cast post – same tooth (maximum of 2)
D2954 – Prefabricated post and core in addition to crown
D2957 – Each additional prefabricated post - same tooth (maximum of 2)

If prior authorization has been obtained for the above procedure codes, place prior authorization number in appropriate location on claim (See additional clarification on page 5).

If your claim denies with EOB code 766 and you have documentation the recipient has a completed root canal that is not in Medicaid claims history, submit the x-ray, an original completed ADA claim form and a request for Administrative Review to:

Dental Program
Alabama Medicaid Agency
501 Dexter Ave / PO Box 5624
Montgomery, AL 36103-5624

If you have any questions, please call the Alabama Medicaid Dental Program at (334) 242-5997 or (334) 242-5472.

Clarification of Split Billing of Inpatient Claims

The January 2002 edition of the Provider Insider contained an incorrect statement regarding split billing of inpatient claims. The article stated that inpatient claims spanning calendar months must be split billed. This was a change Medicaid was considering, but did not implement. The decision not to implement the change was made after the January Provider Insider was sent to the printer. It should be understood that eligibility changes occur monthly and may necessitate split billing of affected claims.

Listed below are examples of claims that must be split billed:

- Claims that span more than one calendar year.
- Claims that span the fiscal year end (Sept 30-Oct 1).
- Claims that span a Medicaid per diem rate change.

Universal Newborn Hearing Screening Launched

The Alabama Universal Newborn Hearing Screening was launched February 2001. The program initiative is designed to ensure that every hospital with birthing facilities in Alabama is able to screen for newborn hearing problems. Otoacoustic emissions measures and auditory brainstem responses are methods utilized for newborn hearing screenings. The goal is to identify hearing problems before six months of age. Equipment has been placed in hospitals statewide by DPH to perform these screenings. The screening itself is not a separately reimbursable service by Medicaid.

To ensure the integrity of the Medicaid program, procedure codes 92585, 92586, 92587, and 92588 are excluded from billing when the place of service is inpatient hospital (21 and 99). In an outpatient setting, these codes may be billed only by audiologists and EENTs.

Correction to EPDST Matrix

In Appendix A, Page A-30, please note the vision screening will be changed from “S” subjective, to “O” objective beginning with age three. Objective vision testing is separately reimbursable beginning with age three when billed in conjunction with an initial or periodic screening (same DOS). This is not a policy change but the Provider Billing Manual will be corrected to reflect the continuation of this policy.

Alabama Medicaid Revises Outpatient Surgical List in Manual

Medicaid is revising the Outpatient Surgical List found in Appendix I of the Alabama Medicaid Provider Manual. This revision will be effective for dates of service beginning April 1, 2002.

Approximately 580 procedure codes have been deleted and considered non-covered for type of service S (outpatient). This means that the codes appearing on the revised list will mirror the Medicare ASC list with certain additional codes that are covered by Medicaid only.

The revised Appendix I will appear in the April 2002 Alabama Medicaid Provider Manual update. To verify Medicaid's coverage of an outpatient surgery, providers should continue to use the AVRS line at EDS (1-800-727-7848).

Changes to Qualification Requirement for Occupational and Physical Therapy Providers

Effective January 16, 2002, there has been a change in Medicaid's qualification requirements for Occupational and Physical therapists. The educational and certification requirements are part of the individual licensure boards' licensing process. Therefore, the Medicaid qualification requirements only address licensure. A qualified Physical Therapy provider must be licensed by the Alabama Board of Physical Therapy and a qualified Occupational Therapy provider must be licensed by the Alabama State Board of Occupational Therapy.

Changes in Transportation Modifier Requirements for Air Transportation

Effective immediately there has been a change in Medicaid policy for transportation modifiers for air transportation. All air transportation providers are now required to submit PA requests and claims using appropriate modifiers the same as is required for ground transportation. You will find a list of valid modifier combinations in your Alabama Medicaid Provider Manual, Chapter 8. If any providers have claims that have been rejected for "no modifiers", you may resubmit with the appropriate modifiers if claims are within Medicaid's 365 day filing limit.

Attention Eye Care Providers

When a patient presents to your office requesting replacement of glasses for medically necessary reasons within the benefit limit period, the following instructions should be followed. For patients 21 years of age or older, prior authorization is required for additional glasses above the benefit limit of 1 pair of glasses each two (2) calendar years. Patients less than 21 years of age are authorized additional services when medically necessary and documentation in the medical record supports medical necessity.

When it is determined that a replacement pair of glasses is medically necessary, the block on Classic Optical's job order form entitled "Date of Exam/Order" must have the date the patient returned to your office as opposed to the original date of the eye examination. This date will represent the "order" date. If the date of the original examination is transcribed, Classic's claim will deny.

If this is a recent replacement and does not necessitate another eye exam, you are not required to perform another eye exam. If the replacement reason is necessary due to warranty or workmanship reasons and within 90 days of the original issue of eyeglasses, contact Classic Optical at 1-888-522-2020 for replacement at no cost.

Medicaid Changes District Office Service Centers

Effective March 1, 2002, there will be some changes in the counties served for the following Medicaid District Offices:

- Bullock County will be serviced by the Auburn-Opelika District Office.
- Pike and Crenshaw Counties will be serviced by the Montgomery District Office.
- Conecuh County will be serviced by the Dothan District Office.

All client case files have been transferred to the appropriate servicing Medicaid District Office. If you should receive any questions from clients regarding these changes, please inform them that they do not need to do anything. Nursing home and HCBS waiver providers will need to direct eligibility applications and/or related correspondence to the appropriate servicing Medicaid District Office.

Important Mailing Addresses

Pharmacy, Dental, and UB-92 claims	EDS Post Office Box 244033 Montgomery, AL 36124-4033
HCFA-1500	EDS Post Office Box 244034 Montgomery, AL 36124-4034
Inquiries, Provider Enrollment Information, Provider Relations, and Diskettes for Electronic Claims Submission (ECS)	EDS Post Office Box 244035 Montgomery, AL 36124-4035
Medicare Related Claims	EDS Post Office Box 244037 Montgomery, AL 36124-4037
Prior Authorization (to include Medical Records)	EDS Post Office Box 244036 Montgomery, AL 36124-4036
Adjustments / Refunds	EDS Post Office Box 244038 Montgomery, AL 36124-4038

EDS Makes Enhancements to AVRS

EDS recently made enhancements to the AVRS callflow. The enhancements allow providers to enter information and receive a faxback of the information without listening to the eligibility verification. This will be a timesaver for providers which routinely use AVRS for eligibility verification. The enhancements have resulted in a 60% decrease in response time. The Provider Relations Representatives have received positive feedback on the enhancements.

Merck's Immunization Shortage for Single Antigen M, M, R.*

Please note that Merck's ATTENUVAX® (Measles Virus Vaccine Live) and MUMPSVAX® (Mumps Virus Vaccine Live) will not be available in 2002 as a result of supply shortages and Merck's prioritization of vaccine filling for M-M-R®II (Measles, Mumps and Rubella) vaccines, so please do not place orders of ATTENUVAX® and MUMPSVAX®, as they will not be processed in 2002.

MERUVAX®II (Rubella Virus Vaccine Live) will be available in 2002, but may continue to experience intermittent backorders. In fact, orders of MERUVAX®II will be processed but may not be filled within 15 business days as outlined in the CDC Pediatric consolidated contract.

Providers may find it necessary to use the M-M-R combination vaccine in place of one of the monovalent vaccines, e.g., measles or mumps, even if patients have previously received one of the other antigens. The Advisory Committee on Immunization Practices (ACIP) endorses the use of combination measles, mumps, and rubella. M-M-R II (generic) continues to be available. Please reference the Prescribing Information for appropriate use of this product.

During this period of intermittent backorders, product availability information for each of Merck & Co., Inc. vaccines can be found by accessing the "Product Availability Listing" at MerckVaccines.com*. Additionally, customers may contact the Merck Order Management at 1-800-MERCK90. With respect to orders placed through CDC contracts, Merck will be providing supply updates to CDC/NIP's Program Support Branch.

As a reminder for providers, Medicaid can no longer cover a single antigen vaccine if a combined antigen vaccine is medically appropriate. The single antigen vaccines may still be billed only if prior approved before given and a medical justification is given. The single antigens referenced in this paragraph are: diphtheria, measles, mumps, and rubella. In order to request the prior approval for these vaccines, please reference Chapter 4, Obtaining Prior Authorization in your Provider Manual (*Information from the Centers for Medicare and Medicaid Services [CMS], February, 2002).

Alabama Medicaid Defines Chronic Stable State for LTC Providers

Effective March 1, 2002, the Alabama Medicaid Agency Long Term Care Division will be applying the definition of chronic stable state as found in the Medicare Coverage Issues Manual in review of medical documentation for admissions to the nursing home and home and community based waiver programs. A chronic stable state is "not during a period of any acute illness or an exacerbation of their underlying disease." In general, a person is considered to have a chronic condition when it has persisted for over six months and there have been no significant changes in the past 30-60 days. The providers will be expected to have supporting documentation of an unstable medical condition that would indicate an episode of an acute illness and active treatment within the past 30 to 60 days. If you have any questions concerning this article, please contact Nancy Headley with the Alabama Medicaid Agency Long Term Care Division at (334) 242-5684.

Billing Information for EPSDT Visual Screening

Effective April 1, 2002, photorefractometry may be used for EPSDT Visual screening if the provider owns the equipment and chooses to use it over the other traditional types of visual screening tools such as the Snellen chart, Allen cards, etc. As usual, if any problems are detected, follow up is required. The appropriate procedure code to use when filing claims for an EPSDT vision screening is Z5316. The annual EPSDT vision screening should be performed and billed with either an initial or periodic screening.

Information Concerning Unlimited Emergency Visits

Hospital certified emergency visits are unlimited **IF** the medical necessity is properly documented and certified in the patient's medical record by the attending physician at the time services are rendered. Medicaid will monitor the utilization of certified emergency visits through retrospective claims review. Certified emergency visits do not require a Patient 1st PMP referral.

Providers Cannot Use Windows XP with EDS Software

If you are loading the Provider Electronic Solutions software of the Alabama Long Term Care software on a computer that uses the Windows XP operating system, be aware that currently EDS cannot provide support for the use of our software on this system. No testing has been done on Windows XP, but we do know there are unresolved problems with PES when run on the Windows XP operating system.

www.medicaid.state.al.us

Providers Can Receive:

Enrollment Applications
Medicaid Press Releases
Provider Insiders
Forms
Billing Manuals
Provider Manuals
Medicaid Software
Checkwrite Schedules
Annual Reports
Provider Notices
General Information
Continuing Education



Alabama Medicaid

In The Know

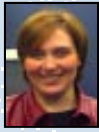
General Information Providers Need to Know When
Billing to the Alabama Medicaid Agency

Dental Providers

1. Pulp caps are limited to permanent teeth only and limited to **one** per tooth. Sedative fillings do not qualify as pulp caps.
2. Crowns, Build-ups, and Post & Cores do **not** require Prior Authorization unless the root canal treatment is not in Medicaid claims history. If it is known prior to service provision that the root canal is not in claims history, submit the completed endodontic radiograph with a Dental Prior Authorization form to EDS. If the claim is submitted and denies with EOB code 766, send a completed ADA claim form with radiographs documenting completed endodontic treatment for Administrative Review to: Alabama Medicaid Agency, Dental Program, 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103-5624 Attention: Tina Edwards
3. Treatments requiring multiple appointments (for example: permanent crowns, space maintainers, etc.) should **not** be billed until the treatment is completed and inserted
4. Use of Limited Oral Evaluation – Problem Focused (D0140) requires documentation of the problem, tests or diagnostic aids used and treatment rendered. This code must **not** be used to bill for follow-up treatment resulting from problems identified during comprehensive or periodic oral examinations. This code should not be substituted for the more specific appropriate ADA code. Example: The specific service performed is D3346, retreatment of previous root canal therapy. Do not bill D0140 or D0170 instead. Always bill the most appropriate code even if non-covered by the AL Medicaid Agency. Substitution of codes, which are covered for non-covered codes, is considered inappropriate billing and can result in referrals for additional action.
5. Endodontic Treatment Codes-Please limit the billing of endodontic treatment codes to the most appropriate service actually provided. Example-If complete root canal therapy is performed on an anterior permanent tooth, bill D3310 instead of D3230. D3220 should not be billed as an additional code in this example since D3310 is inclusive of this procedure.
6. Posterior molars **are no longer** limited to cast metal crowns only, procedure code D2792. A provider may bill crown codes D2750, D2751, D2752 or D2792 for posterior molars.
7. Use of sedative fillings (D2940) are **not** to be billed for liners and bases. Sedative fillings are limited to ONE per tooth for a given date of service.

EDS Provider Representatives

GROUP 1



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334-215-4113

North: Stephanie Westhoff and Tasha Perkins

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston



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Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology

CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric (Optometrists and Opticians)

GROUP 2



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Rehabilitation Services
Home Bound Waiver
Therapy Services (OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Hearing Services



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Mental Health/Mental Retardation
MR/DD Waiver
Public Health
Elderly and Disabled Waiver
Home and Community Based Services
EPSDT
Family Planning
Prenatal
Preventive Education



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Ambulance
FQHC
Nurse Midwives
Rural Health Clinic
Commission on Aging
DME

GROUP 3



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Ambulatory Surgical Centers
ESWL
Home Health
Hospice



shermeria.harvest

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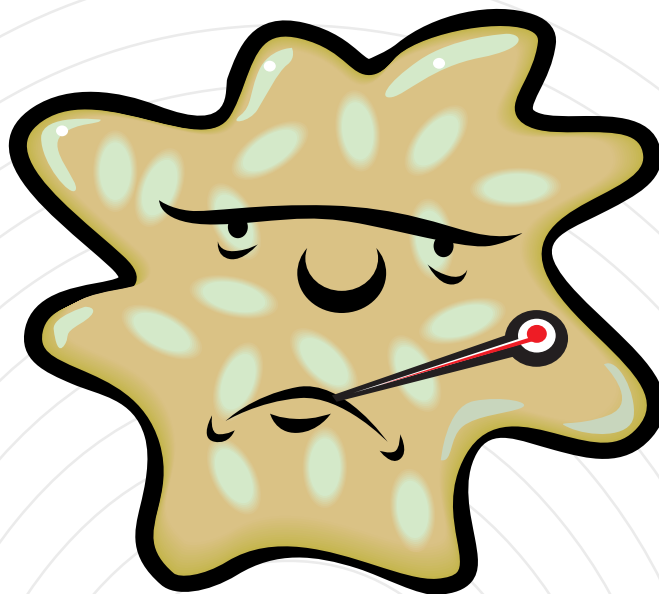
Hospital
Nursing Home
Personal Care Services
PEC

Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

Chlamydia: The Silent STD

Chlamydia trachomatis, a little known and often silent sexually transmitted disease (STD), is a significant health threat among women and adolescents.

Did you know that chlamydia is the most prevalent of all the reported notifiable diseases in the United States since 1999 according to the STD Surveillance Report distributed by the Department of Health and



Human Services (DHHS) and the Centers for Disease Control and Prevention (CDC)?

Another thing you may not be aware of is according to the 2000 Annual STD Morbidity Report from the Alabama Department of Public Health in excess of 15,000 cases of chlamydia were reported in our state alone?

So what do we know about Chlamydia?

Up to 50 percent of men and 70-80 percent of women infected with Chlamydia are asymptomatic. Chlamydia infections are associated with a three to five fold increase of HIV infection via sexual transmission from an HIV-infected sex partner.

Chlamydia infections often result in pelvic inflammatory disease (PID), a major cause of infertility, ectopic pregnancy, and chronic pelvic pain. In the United States the estimated annual cost of PID and its consequences is approximately \$4.2 billion. Without adequate treatment approximately 20-50 percent of women infected with chlamydia develop PID. Among women with PID, inflammation and scarring will cause about 20 percent to become infertile, 6 to 9 percent to develop potentially fatal ectopic pregnancies, and 18 percent to suffer chronic and debilitating pelvic pain. Additionally pregnant women may transmit chlamydia to their unborn infants, causing eye infections, blindness, ear infections, pneumonia, premature birth or low birth weight, and death.

In males, Chlamydia complications may result in prostatitis, epididymitis, and sterility.

Recent studies have shown that as many as 38 percent of adolescent females infected with Chlamydia will develop recurrent infection within 3 years. The risk of developing serious sequelae increase with successive episodes.

CDC and the US Prevention Services Task Force recommend that all sexually-active adolescents be screened for Chlamydia during routine annual examination, even if symptoms are not present. Women aged 20-24 years are considered high risk and should also be screened. Symptomatic females of any age should be tested, also those with non-monogamous or multiple partners. Sexually active females with gonorrhea or chlamydia within the last year, and pregnant women under 25 years of age or with high risk partners should be screened.

Presumptive treatment when indicated, prompt treatment of infected persons, and appropriate treatment of sex partners help to prevent transmission, reinfection, and the subsequent complications of Chlamydia. To insure adequate treatment, ACOG and CDC Treatment Guidelines should be followed.

April is National STD Awareness Month.

EDS Holiday Schedule

3/29	Good Friday	11/28	Thanksgiving Day
5/27	Memorial Day	11/29	Thanksgiving Day (extra)
7/04	Independence Day	12/24	Christmas Eve
9/02	Labor Day	12/25	Christmas Day

**Alabama
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